



Department of Purchasing & Contract Compliance

Felicia Strong-Whitaker, Interim Director

REQUEST FOR PROJECT NUMBER: 89033A-CC

PROJECT TITLE: FRESH Grant Mentoring Services

DUE DATE: Wednesday, July 3, 2013

WILL BE RECEIVED UNTIL: 2:00 P.M. EASTERN STANDARD TIME

BIDDERS MAY SUBMIT REQUESTS FOR CLARIFICATION OR QUESTIONS REGARDING THIS PROJECT TO THE CONTACT PERON LISTED BELOW. ANY REQUEST SHALL ONLY BE SUBMITTED BY FAX OR EMAIL. ALL RESPONSES TO WRITTEN REQUEST(S) WILL BE DISTRIBUTED AS ADDENDA TO THIS PROJECT AND POSTED ON THE FULTON COUNTY WEBSITE AT www.fultoncountyga.gov.

THE COUNTY WILL NOT RESPOND TO REQUESTS RECEIVED AFTER *Wednesday, July 3, 2013 AT 2:00 P.M.*

CONTACT NAME:
Thomas L. Capitano

E-MAIL ADDRESS:
Thomas.capitano@fultoncountyga.gov

FAX NUMBER:
404-893-1725

All information requested on this sheet must be completed. Unless specifications indicate "NO SUBSTITUTE", items determined by Fulton County to be "EQUAL OR BETTER" will be given full consideration. All prices QUOTED must be "FOB DELIVERED" unless otherwise requested, and must be submitted in the format requested. The County reserves the right to cancel the solicitation and to reject any or all quotes in whole or in part and is not bound to accept any quote if rejection of that quote is determined to be contrary to the best interest of the County.

**FRESH Grant Mentoring Services
Housing and Human Services Department**

1. DESCRIPTION

The Fulton County Department of Purchasing & Contract Compliance is soliciting quotes from qualified vendors to provide FRESH grant mentoring program for the Housing and Humans Services Department.

2. CONTACT PERSON FOR BID SUBMISSION

Sealed bids for **89033A-CC FRESH Grant Mentoring Services**, will be accepted by the Fulton County Department of Purchasing & Contract Compliance, 130 Peachtree Street, SW, Suite 1168, Atlanta, Georgia 30303-3459, on **Wednesday, July 3, 2013**. All bids submitted must be sealed, and received no later than 2:00 p.m. local (Eastern) time via E-mail: cheryl.cochran@fultoncountyga.gov or Fax: (404) 893-1723.

3. TERM OF AGREEMENT

July 1, 2013 through June 30, 2014

4. PRODUCT/SERVICE SPECIFICATIONS

Successful vendor shall provide the following FRESH grant services on an as needed basis.

Mentoring Program

Vendor /agency shall provide an after school program aimed at 50 youths between ages of 8-18; provide an environment allowing for youth to mentor and teach others under supervision and partnership with Department of Public Safety personnel; also partners with local school district(s) to promote positive social relationships, build strong interpersonal skills that lead to their future success within the community.

Goal of program is to foster respect, discipline, education and leadership through mentoring.

- 1) Encouraging independence and experiencing the rewards of their efforts.

Program should focus on at risk youth, but not limited to; utilizing partnership with Department of Public Safety personnel, program should include leadership component to foster independence through enhancing personal responsibility.

5. PRICING SHEETS

<i>Item No.</i>	<i>Item Description</i>	<i>Estimated Quantity</i>	<i>Unit of Issue</i>	<i>Unit price (\$)</i>
1	Mentoring Program	45-50	per person	

6. SPECIAL CONDITIONS/INSTRUCTIONS

Vendor /agency shall answer the following questions in 3 or less pages when they reply to the quote. Vendor should also submit a copy of their Homeland Security E-Verify MOU, a copy of their Georgia Security and Immigration Contractor Affidavit and (if applicable) a copy of their Georgia Security and Immigration Subcontractor Affidavit. Vendor shall list program services and activities that will address the requested Scopes of Services being sought (include number of Fulton County Commission District 3 youth to benefit from this service).

All potential vendors shall answer the following questions in order to validate that they have experience:

- 1) What is the official and legal name of your agency (as stated on Agency's Seal or Charter)?
- 2) What is the year of your agency's 501(c)3 incorporation?
- 3) Describe the purpose of your agency in 75 words or less.
- 4) Describe the services that your agency provides.
- 5) Please describe past or present program outcome success rate (s) for the program in which you are seeking funding to support. Be sure to indicate the number of total program participants and how they benefited from the program.

Vendor shall provide services for Mentoring Program from July1, 2013 thru June 30, 2014.

The program shall take place on Mondays and Wednesday from 4pm-6pm, and Saturdays (twice a month) 12pm-3pm.

7. INSURANCE & RISK MANAGEMENT PROVISIONS

Provide a copy of your current certificate of insurance.